

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

FACT SHEET

**AUTHORIZATION TO AMEND DEPARTMENT OF MENTAL HEALTH LEGAL
ENTITY AGREEMENTS WITH 10 EXISTING PROVIDERS TO IMPLEMENT THE
MENTAL HEALTH SERVICES ACT – COMMUNITY SERVICES AND SUPPORTS
PLAN FOR WELLNESS / CLIENT-RUN CENTERS
FOR FISCAL YEARS 2006-07 AND 2007-08**

AND

**APPROVAL OF REQUEST FOR APPROPRIATION ADJUSTMENT
(ALL SUPERVISORIAL DISTRICTS)
(4 VOTES)**

REQUEST

Authorize the Director of Mental Health or his designee to prepare, sign and execute amendments, effective upon Board approval, to ten (10) existing Department of Mental Health (DMH) Legal Entity (LE) Agreements, who were identified through a Request for Services (RFS) process to provide Adult Wellness/Client-Run Centers (W/CRC), effective upon Board approval. The Fiscal Year (FY) 2006-07 cost of the W/CRCs is \$1,635,000, consisting of \$1,331,000 in Mental Health Services Act (MHSA) funding and \$304,000 in Federal Financial Participation (FFP) Medi-Cal revenue. The FY 2007-08 cost is \$6,537,000, consisting of \$5,320,000 in MHSA funding and \$1,217,000 in FFP Medi-Cal revenue.

Approve the Request for Appropriation Adjustment for FY 2006-07 in the amount of \$355,000 to increase Services and Supplies (S&S) to provide the additional spending authority for the implementation of contracted W/CRC programs. The Appropriation Adjustment is fully funded with FY 2005-06 unexpended Mental Health Services Act (MHSA) funding in the amount of \$195,000 and additional FFP Med-Cal revenue in the amount of \$160,000.

PURPOSE/JUSTIFICATION

Board approval of the recommended actions will enable ten (10) existing DMH providers to develop seven (7) Wellness Centers and eight (8) Client-Run Centers, located in strategic areas throughout the County, in keeping with the MHSA Community Services and Supports (CSS) Plan approved by your Board. These W/CRCs are designed to offer options to clients who no longer need the intensive services offered by the Full Service Partnership (FSP) programs or traditional adult outpatient services and who are ready to take increasing responsibility for their own wellness and recovery.

As noted in the CSS Plan, Wellness Centers are managed by professional staff, with at least 50 percent mental health consumer staffing, and provide client-run services with adjunctive professional support, emphasizing wellness, healthy living, and community

integration. Client-Run Centers are 100 percent staffed and managed by mental health consumers and, potentially, family members, with a wide array of self-help groups, peer support services, educational/social/recreational activities, and linkage services.

The recommended actions will fill a longstanding gap in the service delivery system by serving clients that are in advanced stages of recovery, thus offering a cost-effective alternative to ongoing maintenance visits at outpatient clinics. Development of the W/CRCs will enhance the Department's ability to concentrate the majority of its outpatient resources on meeting the needs of unserved/underserved populations and providing intensive services to those in need of that level of care. The ultimate goal of the Centers is to reduce reliance on the mental health system by building a sustaining network of community-based support systems for clients no longer requiring more traditional care.

BACKGROUND

Since submission and approval of the County's CSS plan, it has become increasingly evident that an expanded W/CRC program is critical in order to forward the over-all goals of the MHSA, support clients as they advance in their recovery, and assist in mitigating the Department's structural deficit by providing a cost-effective alternative for clients who currently utilize traditional clinic-based maintenance services.

With the availability of unexpended MHSA funding from FY 2005-06, DMH plans to implement both directly operated and contracted W/CRCs, strategically located throughout the County. Program design and staffing patterns will vary, based on the needs, resources and cultural/linguistic composition of the communities served. However, basic components will include self-help groups, peer support services, social/recreational activities, medication evaluation and support services, integrated services and supports for co-occurring disorders, physical health screening/assistance with accessing physical health care, and healthy living and health management activities. The W/CRCs will also provide linkage to other services such as employment, education, housing, benefits maintenance and short-term or crisis mental health services; they may be co-located in a mental health outpatient center, although the majority will be free-standing in the community or located in a multi-service or other type of community center.

In November 2006, your Board approved the Directly Operated Wellness Center plan that funded 14 Wellness Centers operated by our Department throughout the County. This current action, combined with the previous Directly Operated Wellness Center Board action, results in a \$14,706,476 plan for W/CRCs funded by the MHSA. The

overall plan provides for services in all eight (8) Service Areas commensurate with local planning data on percent of population at the poverty level.

CONTRACTING PROCESS

On September 22, 2006, DMH issued RFS No. 7 to 26 qualified bidders on the Master Agreement List who indicated an interest in providing W/CRCs on their Statement of Qualifications (SOQ). Agencies were sent a notice of the release of the RFS along with a compact disc of the RFS, and were invited to attend a mandatory Proposers' Conference on October 10, 2006. Representatives from 20 contract agencies attended the Proposers' Conference.

Proposers were required to identify whether they were requesting funding for Wellness Centers and/or Client-Run Centers and address the respective specifications outlined on the RFS. DMH received 12 Wellness Center proposals and 7 Client-Run Center proposals from 13 agencies by the deadline of November 11, 2006. Two (2) proposals were disqualified – one was ineligible and the other was non-responsive.

A total of 15 individuals, who were ethnically diverse and play different roles in the local mental health system evaluated proposals for the W/CRCs. These review panels assessed and scored proposals individually and then met to discuss and determine consensus scores for each. Simultaneously, reviews of budgets and reference contacts were conducted by DMH staff. Total scores were then reviewed by the Department's Executive Management Team, which finalized recommendations of the amount to award ten (10) agencies by carefully analyzing the equity and balance of the W/CRC program service level for each Service Area.

The agency that did not receive an award has requested a Debriefing and still has the right to request a Contractor Selection Review. However, these awards should not be delayed pending any such review because DMH will identify sufficient funding and will return to your Board in the next FY if the agency is successful in its appeal.

Upon board approval DMH will execute amendments with the following ten (10) providers to implement the Wellness/Client Run Centers: California Hispanic Commission, Exodus Recovery, Hillview Mental Health Center, National Mental Health Association, Pacific Clinics, Portals House, San Fernando Valley Community Mental Health Center, Social Model Recovery System, Special Service for Groups, and Step-Up on Second.

DMH CONTACT

Jim Allen, Deputy Director, LAC-DMH
Telephone Number: (213) 738-2756
Email Address: jallen@dmh.lacounty.gov